To request an extension of your Youth Opportunities Program (YOP) project, fill out the information below and mail to YOP, P.O. Box 118, Jefferson City, MO 65102. You will receive confirmation from YOP in writing regarding the approval or denial of your request. It is recommended that extension requests be submitted to the Jefferson City office no later than 60 days prior to the end of the project fundraising period. All extensions are for one year only. Attach additional pages if necessary.

PROJECT NUMBER	PROJECT FUNDRAISING PERIOD (MM/DD/YY)	
	BEGINNING	ENDING
ORGANIZATION NAME		
Use additional pages if necessary.		
<ol> <li>In a brief paragraph, explain whether or not your organization in Appendix A of your project agreement.</li> </ol>	on has achieved the outcomes an	d performance targets found
2. Has your organization used all the tax credits awarded for your approved project? If your organization has not used all the tax credits awarded, what will you do differently that will enable your organization to use the remaining tax credits in the extension period.		
REMEMBER TO COMPLETE THE OTHER SIDE		

3. Identify your organization's performance targets for the extension period and indicate any p or direction of your project (you may wish to review Appendix A of your Project Agreement)	roposed changes in the scope
Identify your organization's milestones for each quarter for the extension period. Milestones a organization will take during the extension period that will enable you to achieve the period question 3.	are those critical steps that your erformance targets detailed in
PROJECT DIRECTOR SIGNATURE	
PROJECT DIRECTOR NAME PRINTED OR TYPED	DATE
FOR YOP USE ONLY	DATE
APPROVED BY	DATE